



## UNITED STATES

PATENT APPLICATION  
DECLARATION AND POWER OF ATTORNEY – ORIGINAL APPLICATIONATTORNEY'S DOCKET NO.  
204,741

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled

(1) TITLE OF  
INVENTION

(1) DATA TRANSCEIVER WITH FILTERING AND PRECODING

the specification of which

(2) CHECK  
APPROPRIATE  
BOX(2) ☐ is attached hereto.was filed on August 11, 2000 as Application No. 09/637,797

and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge my duty to disclose information of which I am aware which is material to the patentability of this application under 37 CFR 1.56(a): the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application; and as to applications for patents or inventor's certificate on the invention filed in any country foreign to the United States prior to this application by me or my legal representatives or assigns.

(3) CHECK  
APPROPRIATE  
BOX(3) ☐ no such applications have been filed, or

such application(s) have been filed as follows:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS APPLICATION				
Country	Application Number	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority Claimed Under 35 USC 119
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
ALL FOREIGN APPLICATIONS, IF ANY, FILED MORE THAN 12 MONTHS PRIOR TO THIS APPLICATION				

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(5) COMPLETE DATA INDICATED IF APPLICABLE	(5) <u>C-I-P of 09/476,747</u> (Application Serial No.)	<u>December 30, 1999</u> (Filing date)	<u>Pending</u> (Status: patented, pending, abandoned)
	(5) <u>60/197,028</u> (Application Serial No.)	<u>April 13, 2000</u> (Filing date)	<u>Pending</u> (Status: patented, pending, abandoned)

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Jeffrey A. Schwab, Registration Number 24,490  
Thomas E. Spath, Registration Number 25,928  
Jay S. Cinamon, Registration Number 24,156


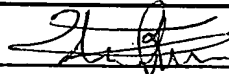
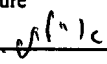
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(6) DETAILS  
REQUIRED  
FOR EACH  
INVENTOR

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Residence		Citizenship
Post Office Address		
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Residence		Citizenship
Post Office Address		